

A Pathway of Mental Health Disparity: Examining the Mediating Role of Social Isolation in the Relationship between Social Class and Mental Health*

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This study examined the role of social isolation as a mediator of the relationship between subjective social status (SSS) and ill-being, the negative aspect of mental health. Previous research suggests that low social class, both objective and subjective, has been associated not only with decreased

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well-being but also with increased ill-being. Rates of social isolation appear higher among the low social class, too. We hypothesized that social isolation would act as a mechanism that accounts for the higher levels of mental health problems among low-SSS individuals. We conducted a survey with 263 participants and measured their SSS, social isolation, and ill-being using validated scales. The mediation analysis results showed that social isolation accounted for 44% of the relationship between SSS and ill-being. This study suggests that providing not only material but also social resources to low-SSS individuals may improve their mental health. We also discussed the implications of our findings for alienation theory and the literature on social class and mental health.

Key words : mental health; ill-being; social class; social isolation; alienation

1. Introduction

“It is not the CEO who suffers depression, hypertension, and heart attacks from being too long on the job; it is instead the assembly line worker, the secretary, the kitchen laborer. Those who cannot control their work hurt the most.” - Yates, 2008

More than 70% of the global population suffers from increasing economic inequality which stunts economic development while increasing social divisions (UN News, 2020). The prevalence of adverse mental health among the less affluent is one of the main consequences of such

inequality (Kessler & Merikangas, 2004). Despite decades of research and policy to address this issue, health inequalities continue to increase (Mackenbach, 2012).

Much literature exists about the lower class and mental health, but it is difficult to find previous research that explains how adverse mental health has been prevalent among the lower class. One possible mechanism that links the low class to health disparities is social isolation. Literature in Sociology and Psychology has well-documented social isolation's negative impact on human lives (Courtin & Knapp, 2017; Holt-Lunstad & Steptoe, 2022; Øversveen & Kelly, 2022; Williams, 2007). One of the pioneers who linked social class and social isolation is Karl Marx. He proposed the concept of alienation which suggests that low-class individuals have been systemically alienated from the society they live (Marx, 2016). This alienation deprives the poor of accessing resources, which can include access to adequate medical assistance (Chen et al., 2014).

Through the idea of material alienation, the ill-being of the low social class is high due to restricted access to appropriate resources such as medical services. Humans are, however, ultra-social animals who need social relations as well as material resources. Indeed, there is a wealth of studies showing that social isolation is one of the primary unhealthy factors (Cacioppo & Patrick, 2008). Thus, alienation may include limitations on social relations as well as restrictions on access to material resources. Indeed, there is ample evidence that low social class and social isolation significantly contribute to mental health disparities (e.g.,

Parenteau et al., in press).

Since low-class individuals are alienated from accessing social resources and socially isolated individuals are more likely to suffer from mental health problems, it is reasonable to infer that social isolation would play a part in the connection between the low class and mental health. Unexpectedly, there has not been much research done to investigate it. As a result, this study will examine whether social isolation would act as a mediator in the relationship between social class and mental health.

2. Literature Review

1) Health Disparity

Health disparity also referred to as health inequality (Kawachi et al., 2002), refers to the difference in health outcomes that negatively impact socially disadvantaged groups (Braveman et al., 2011). The Centers for Disease Control(CDC) documents that these differences in health outcomes are preventable (CDC, 2008). This suggests that health disparity is linked to structures in societies that negatively affect those who lack privilege, whether that lack of privilege pertains to race, ethnicity, sexuality, or social class.

Much evidence indicates that being poor places one in a socially disadvantaged group, more susceptible to the consequences of health disparities (Braveman et al., 2011). Research links the historical oppression

of indigenous populations in the USA to earlier death and higher rates of mental health disorders and non-communicable diseases (IHS, 2019; McKinley et al., 2022). The COVID-19 pandemic's disproportionately detrimental impact on African Americans also sheds light on the historical oppression of socially disadvantaged groups. African Americans died from COVID-19 at rates four times higher than the USA's average (Louis-Jean et al., 2020). The incidence of deaths among African Americans from non-communicable diseases is also considerably higher than non-Hispanic whites (Moorman et al., 2012). Compared with heterosexual populations, sexual minorities also suffer a higher prevalence of morbidity (National Academies of Sciences, 2020).

Sociological studies on the relationship between health disparity and class date back to 1845 when Friedrich Engels published *The Condition of the Working Class in England* (2001), which documented the dire consequences to health and living suffered by the working class after the onset of the industrial revolution. Contemporary research echoes this illustration of health disparities. Research done on non-communicable diseases shows that lower-class individuals are afflicted more by cardiovascular diseases (Tang et al., 2016) and diabetes (Borschuk & Everhart, 2015). These facts are not only applicable to the inadequate health care system of the USA. Even European social welfare states that attempt to reduce social class inequalities with robust social security and provisions for housing, education, and health services suffer from substantial health inequalities (Mackenbach, 2012). The health disparities discussed above mainly focused on physical health. However, health

disparities include both physical and mental health.

In regards to mental health disparities and class, the consensus among psychological and economics research before the early 2000s was that income only slightly affected mental health (Heady & Wooden, 2004; Du & King, 2022). Fortunately, the impact of social class and mental health disparities has received more academic attention since then. Some psychologists even suggest an interdisciplinary approach to finding a solution to mental health disparities (Herrawi et al., 2022). The remainder of this study will focus on the relationship between social class and mental health disparities.

2) Mental Health

The World Health Organization (WHO, 2022, p.x) defines mental health as “a state of well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities.” This definition illustrates mental health as a positive mental state. In turn, it would be easy to consider mental health as the opposite of mental illness - a term that refers to the mental disorders that lead to impaired mental functioning and are associated with dysfunctional changes in mood, thinking, and behavior (U.S. Department of Health and Human Services, 1999). However, both mental health and mental illness are related yet distinct concepts. The Surgeon General’s report on mental health (1999) suggests viewing both mental health and mental illness as separate points on a continuum.

Mental health encompasses both well-being and ill-being as overall evaluations of life. Well-being, often assessed by life satisfaction, reflects how well the functions of survival and reproduction operate. From an evolutionary psychology perspective, well-being can be seen as a signal to continue pursuing achievements that enhance fitness such as forming reciprocal relationships (Buss, 1999; Diener, 2006).

Ill-being reflects how poorly the functions of survival and reproduction are operating. It serves as an indicator of problems such as social isolation. For example, coughing is an abnormal physical symptom that may indicate a bodily malfunction (Nesse, 2015). Depression and anxiety are typical indicators of problems. The social navigation hypothesis suggests that depression and anxiety help individuals conserve energy by avoiding losses and unattainable goals, and signal withdrawal to others to elicit resources needed for survival and reproduction (Andrews & Thomson, 2009; Eysenck & Fajkowska, 2018; Watson & Andrews, 2002).

Well-being and ill-being are separate systems because they involve different problem-solving domains. While well-being entails approaching gains or rewards, ill-being entails avoiding losses or punishments. These two processes are fundamentally distinct. Failing to access rewards does not imply avoiding punishments, and failing to avoid punishments does not imply accessing rewards (Carver & White, 1994). Therefore, well-being and ill-being should not be treated as opposite ends of a single spectrum, as this may obscure the complexities of human behavior. This view is supported by large-scale meta-analyses of mental health that have recommended using well-being and ill-being separately (Meier &

Reinecke, 2021; Valkenburg, 2022).

3) Social Class

Social class is often used colloquially as a way to discuss a person's position in society based on socioeconomic factors. In modern academia, the term can be traced back to Max Weber's (1922) discussions of status groups and classes with its roots firmly planted in sociology. These concepts which involved ideas of a socioeconomic hierarchy or stratification have made their way into other academic and scientific domains like psychology and have been conceptualized for measurement in research in two ways - Socioeconomic Status (SES) and Subjective Social Status (SSS) (Diemer et al., 2013).

SES considers quantifiable factors of individuals such as income, wealth, educational attainment, and occupation to classify people within a socioeconomic hierarchy (Diemer & Rasheed Ali, 2009). Those factors can then be used to help predict behaviors or life outcomes. SSS tends to be a more qualitative and subjective measurement of social class due to individuals placing themselves within a socioeconomic hierarchy based on their perceptions (Liu et al., 2004). Those self-perceptions can then be used to help predict behaviors or life outcomes as well.

Despite these two measures of social class being conceptually different, they are both related and effective at predicting health outcomes. While SSS refers to one's self-perception of their social class, this self-perception may have its basis in the objective markers of SES (Singh-Manoux et al.,

2003; Hout, 2008; Demakakos et al., 2008). Therefore, it is not surprising that both SES and SSS have been used to predict physical health outcomes (Cundiff & Matthews, 2017) as well as mental health outcomes (Hoebel et al., 2017). This suggests that both SES and SSS are meaningful predictors of health outcomes.

Both measures of social class are useful, but SSS may provide a more thorough self-representation of a person's social class. Its self-reported nature allows for the inclusion of many class factors into a single measure (Singh-Manoux et al., 2005; Billings, 2021). One recent study showed that SSS better accounted for race in a study on social class and parenting (Schneider & Schenck-Fontaine, 2022). Dawson et al (2023) found lower mental and physical health outcomes among Latin populations who reported low SSS. The Dawson study also identified perceived discrimination as a pathway between low SSS and lower mental health outcomes. Aside from race, SSS can include social network quality and familial characteristics. A study that analyzed data from the 2003 Chinese General Social Survey, found that characteristics of one's social networks and family were significantly related to their social class even when controlling for indicators of SES (Huang, 2021).

4) Social Class and Ill-being

As previously mentioned, well-being and ill-being are considered distinct dimensions of mental health evaluations. Biological research on human brain processes supports that sentiment (Ryff et al., 2006).

Despite the distinction between the two, well-being has received vastly more attention than ill-being in the literature on social class. As of this research, a Google Scholar search of “social class, well-being” brings up 3,650,000 articles but “social class, ill-being” results in only 13,000. So far, the main study that applied this distinction to economic research was done by Headey and Wooden (2004). They found important differences in how social class affected both well-being and ill-being. Objective measurements of both income and wealth showed a significant relationship with well-being while only wealth showed a strong relationship with ill-being. An increase in one’s wealth corresponded to an increase in mental health as well as a decrease in financial stress linked to ill-being. With specific consideration to the psychological distress associated with ill-being, the importance of examining the relationship between social class and ill-being is apparent.

The census-like National Comorbidity Survey (NCS) was first administered in the early 1990s and has since been replicated. It consistently showed that the highest prevalence of mental disorders was among those of low social class (Kessler & Merikangas, 2004). Other studies showed that lower-class individuals suffered more from depression (Generaal et al., 2019), anxiety (Remes et al., 2017), substance abuse disorders (Muntaner et al., 1998), and suicide attempts (Lemstra et al., 2006). One study found that blue-collar workers and those born to parents with manual labor employment were up to twice as likely to suffer from depression than white-collar workers (Eaton et al., 2004). Alarming also is that low social class in childhood may predict the onset

of adult mental illness (Wickrama et al., 2009). Given that those in different social classes disproportionately experience ill-being, individuals from separate classes may also experience social isolation differently - since social isolation is linked to mental health (Courtin & Knapp, 2017).

5) Social Isolation

Used alongside terms such as ostracism, social exclusion, and rejection, social isolation refers to an individual's lack of involvement with social, community, and institutional connections (Williams, 2007). Social scientists have measured this in two distinct ways - objective social isolation and subjective social isolation. Objective social isolation is characterized by low social contact, communication, and participation in social activities while subjective social isolation concerns an individual's feelings of isolation and not belonging (Holt-Lunstad et al., 2015). Like social class, social isolation can be used to predict mental health outcomes (Cornwell & Waite, 2009; Holt-Lunstad & Steptoe, 2022). The more socially isolated tend to have a higher incidence of depression (Courtin & Knapp, 2017). Higher levels of social isolation are also correlated with heightened threat perception, stress levels, and impulsive and poorer health choices in individuals, which are linked to early mortality and morbidity (Cacioppo & Cacioppo, 2014). Those health outcomes impact a person's well-being and ill-being due to poor physical health's negative impact on mental health (Yang & D'Arcy, 2022). In summation, social isolation may be considered a problem itself, and

ill-being is an indicator of that problem.

6) Social Class and Social Isolation

Marx's theory of alienation may be useful to examine the particular social isolation experienced by those in the lower social class. To function in society, workers must sell their labor to an owner of capital. Marx theorized this act alienates, thus separates, the worker from societal production, the things they produce, from themselves, from other people, and leads to inequalities (Marx, 2016). Alienation combines ideas of social relationships, power, property relations, work relations, and democracy into the discussion of social class and health disparities. It not only shows but may explain why those inequalities exist (Øversveen & Kelly, 2022). For example, rates of social isolation rise with age, but that may be due to societal and environmental factors (Sandu et al., 2021). One's social class is a societal factor. Rates of alienation were higher among blue-collar workers according to a European study that linked alienation with one's evaluations of a job's usefulness (Soffia et al., 2022). This supports other studies that link alienation to decreased mental health outcomes (Sawyer & Gampa, 2020; Shantz et al., 2014). If the lower class feels the consequences of alienation as powerlessness and isolation (Øversveen, 2022), then this research proposes alienation, experienced as class-based social isolation, may elucidate the negative relationship between social class and mental health disparities.

Lower social classes experience social isolation in unique ways from

their more affluent counterparts. A social disadvantage of being poor is that it hinders one's participation in society as well as access to the benefits of a society's progress (Braveman et al., 2011). A 2009 study of Canadians (Stewart et al., 2009) found that lower-income people tend to feel more socially isolated in both institutional and interpersonal circumstances. Institutional examples include hindered access to transportation, health care, decent housing, and the ability to do leisure activities such as hosting friends (Cohen-Mansfield et al., 2009; Chen et al., 2014). Even if those of lower social class have access to mental health services, they may be less likely to use them due to past experiences of those services being unaffordable (Walker et al., 2015). Another form of social isolation related to class involves the concept of stigmatization.

Society tends to interpret an individual's economic hardship as a personal failing (Marston, 2008; Peterie et al., 2019). This means society stigmatizes the poor by blaming the poor themselves for their conditions. People who experience or anticipate stigma may withdraw from social interaction, too (Golden et al., 2006). Previous research also linked this aspect of stigmatization specifically to poverty (Walker, 2014; Peterie et al., 2019). Accounting for intersectionality also adds another layer to the picture of social class and the stigma associated with social isolation. Race and sexual minority groups suffer from stigmatization (Burns, 2022). A study that accounted for the minority status of individuals and social class showed that those of low SES suffered more from social isolation (Wahl et al., 2022). This social isolation may also be

compounded by increasing class isolation.

Experiences of social isolation between members of social classes appear qualitatively different also when viewed within the context of rising global inequalities, income segregation, and class isolation (Thal, 2017). Income segregation refers to the ability of affluent members of society to use their income and wealth to move into neighborhoods and housing that only they can afford (Reardon & Bischoff, 2011). This spatial separation of groups of people based on class characteristics leads to class isolation. Affluent members of society live their daily lives without witnessing the disparate living conditions of those in poorer areas (Krivo et al., 2013). Adding to the previously mentioned examples of institutional social isolation, an illustration of class isolation becomes clearer. Those in poorer environments disproportionately suffer from unsafe conditions, drug use, decreased educational attainment (Brooks-Gunn, 1997), and food and home insecurity (Berning et al., 2022). Many areas also lack adequate, quality public spaces which could facilitate social gatherings (Ellin, 2022). All these factors of lower social class environments are negatively linked with both physical and mental health outcomes (Mode et al., 2016). Given that social class also has an inverse relationship with ill-being, deeper consideration of the relationship between social class, ill-being, and social isolation is warranted.

7) Hypotheses

Both well-being and ill-being of individuals should be considered

independently. Psychological (Ryff et al., 2006), economic (Headey & Wooden, 2004), and philosophical research (Kagan, 2014) support that sentiment. However, the existing research on social class and ill-being is scarce. Although Singh-Manoux et al., (2005) found that SSS might predict well-being better than SES, the same cannot be assumed for ill-being. The main study that considered ill-being as a result of social class (Headey & Wooden, 2004) found that higher levels of wealth, not income, correlated with less ill-being. However, that study, too, used SES to measure social class. This study will utilize SSS as it incorporates many factors of social class into one measure (Billings, 2021). The first hypothesis is proposed as follows:

Hypothesis 1 (H1). Lower social class will predict higher ill-being.

Both social class and social isolation have been used to predict mental health outcomes, but the relationship of social class as an explanatory variable of social isolation often is not a focus of studies. With consideration of rising income inequality, class isolation, and the unique qualities of social isolation that those of low social class experience (i.e. alienation), social class may be able to predict social isolation. The studies cited above measure social class via SES. However, both SES and SSS have been used to predict mental health outcomes (Adler et al., 1994; Ostrove et al., 2000). This researcher proposes the following hypothesis:

Hypothesis 2 (H2). Lower social class will predict higher social isolation.

Science has documented well the effects of social isolation on health and well-being (Cacioppo & Cacioppo, 2014; Beller & Wagner, 2018; Holt-Lunstad & Steptoe, 2022). Since ill-being can be a measure of psychological distress, social isolation and the distress it causes may increase an individual's level of ill-being.

Social classes themselves are increasingly being isolated in regard to increasing spatial segregation throughout society (Thal, 2017). In addition, the difficulties those of lower social class face can be both institutionally and interpersonally different due to socio-economic insufficiencies. Social class and social isolation may predict ill-being, but social class may also predict social isolation. The distinct isolation experienced by the lower class via alienation suggests a causal effect between social class and mental health outcomes (Øversveen & Kelly, 2022). Therefore, social isolation may mediate the effect of social class on ill-being. The researchers propose the third and fourth hypotheses as follows:

Hypothesis 3 (H3). Higher social isolation will predict higher ill-being.

Hypothesis 4 (H4). Social isolation will mediate the association between social class and ill-being.

3. Methods

1) Respondents

The data were collected online by Embrain, a survey company, from June 27 to June 28, 2022. Embrain randomly selected respondents from its survey pool. The respondents were grouped by age into three categories (Gen Z: 20 to 26, Mid Gen: 38 to 44, and Gen X: 56 to 62). Those with medical profession were excluded from the data collection. A total of 323 respondents (response rate: 34%) completed the survey. From that total, 263 respondents were analyzed. Those excluded included 10 respondents who gave up during the survey and 60 respondents who did not appropriately respond to the questions (i.e., answering with a single number or finishing the survey in a very short time).

2) Measures

(1) Social Class

This research measured social class as subjective social status (SSS) using the question format utilized by KGSS (Kim et al., 2022). Using a bi-polar scale of 1-10 (1 being the lowest rank of social class and 10 being the highest), respondents were asked to rank themselves according to where they perceived themselves to be in a class hierarchy.

(2) Ill-being

This research measured ill-being from 4 questions ($\alpha = 0.86$). These were the highest-loading items on the ill-being factor from the Korean general health questionnaire, widely used to measure mental health in South Korea (Park et al., 2012). Using a 7-point Likert scale, respondents ranked their level of distress from “Not at all” (1) to “Very much” (7) according to the following survey items: “I can’t sleep well over worry”, “I feel constantly under strain”, “I feel unhappy or depressed”, and “I feel that I cannot overcome the problems that are confronting me.”

(3) Social Isolation

This research measured social isolation using three items ($\alpha = 0.85$). These were the highest-loading items on the isolation factor from the UCLA Loneliness scale (Hawkey, Browne, & Cacioppo, 2005; Russell, 1996). Respondents placed their perceived level of isolation on a 7-point Likert scale from “Not at all” (1) to “Very much” (7) according to the following three items: “I lack companionship”, “I feel left out”, and “I feel isolated from others.”

(4) Control Variables

The control variables of sex and age were chosen. Age was measured by dividing three groups. For the question of sex, a response of “1” indicated male, and “2” indicated female. For age, respondents placed themselves in 1 of 3 generation groups: 20-26 years old (Gen Z), 38-44 years old (Mid Gen), and 56-62 years old (Gen X).

4. Results

1) Preliminary Analysis

The volume of respondents totaled 263 with 129 identifying as male and 134 identifying as female. The three age groups were evenly distributed (Gen Z = 81, Mid Gen = 89, Gen X = 91). Respondents averaged a moderate level of subjective social status ($M = 5.08$, $SD = 1.69$), social isolation ($M = 3.36$, $SD = 1.35$), and ill-being ($M = 3.25$, $SD = 1.36$). Social class negatively correlated with ill-being, $r = -.23$, $p < .001$. Social class is also negatively correlated with social isolation, $r = -.16$, $p < .01$. Social isolation is highly correlated with ill-being, $r = .65$, $p < .001$. Interestingly, no significant correlation was found between either control variable (age and sex) and our research variables.

2) Main Analysis

To test four hypotheses, mediation analyses were performed. We first presented the logical process of mediation using the three-step mediation suggested by Baron and Kenny (1986). The results from the three-step approach were confirmed by a Quasi-Bayesian mediation analysis, a nonparametric estimation proposed by Imai et al. (2010; 2011). The variables of age and sex were controlled during analyses.

The first step of the mediation model required that the independent

variable have a significant association with the dependent variable. The regression analysis showed that social class had a significant negative association with ill-being ($B = -0.19$, $SE = 0.05$, $p < 0.01$). Lower social class predicted higher ill-being. Thus, the results of step 1 of the three-step mediation model support H1.

The second step of the mediation model required that the independent variable significantly associates with the mediator. The regression analysis showed that social class also had a significant negative association with social isolation ($B = -0.13$, $SE = 0.05$, $p < 0.01$). Lower social class predicted higher social isolation. Thus, the results of step 2 of the three-step mediation model support H2.

The third step of the mediation model required that the mediator significantly associates with the dependent variable while controlling for the independent variable. The analysis showed a significantly positive relationship between social isolation and ill-being ($B = 0.63$, $SE = 0.05$, $p < 0.001$). Higher social isolation predicted higher ill-being. Thus, the results of step 3 of the three-step mediation model support H3.

To test H4, a Quasi-Bayesian mediation analysis with 5000 simulations was performed to verify social isolation's mediating role (Imai et al., 2010; Imai et al., 2011). The results of the mediation analysis (Table 2) showed the direct effect of social class on ill-being ($\beta_{ADE} = -0.10$, 95%CI [-0.18, -0.03]) was significantly different from zero ($p = 0.004$), thus indicating a significant negative association. The indirect effect ($\beta_{ACME} = -0.08$, 95%CI [-0.15, -0.02]) was also significantly different from zero ($p = 0.008$). This revealed a significant, negative association

〈Table 1〉 Three-Step Mediation Model

Step 1: Social Class on Ill-being			
IV	<i>B</i>	<i>SE</i>	<i>p</i>
Intercept	4.48	0.43	<0.001
Gen	-0.09	0.10	0.35
Sex	-0.06	0.16	0.71
Class	-0.19	0.05	<0.001
<i>N</i> = 263			
$R^2 = 0.06$; $R^2_{adjusted} = 0.04$			
Step 2: Social Class on Social Isolation			
IV	<i>B</i>	<i>SE</i>	<i>p</i>
Intercept	4.20	0.43	<0.001
Gen	-0.11	0.10	0.28
Sex	0.03	0.17	0.85
Class	-0.13	0.05	<0.01
<i>N</i> = 263			
$R^2 = 0.03$; $R^2_{adjusted} = 0.02$			
Step 3: Social Class and Social Isolation on Ill-being			
IV	<i>B</i>	<i>SE</i>	<i>p</i>
Intercept	1.85	0.39	<0.001
Gen	-0.03	0.08	0.75
Sex	-0.08	0.13	0.52
Class	-0.10	0.04	<0.01
isolation	0.63	0.05	<0.001
<i>N</i> = 263			
$R^2 = 0.43$; $R^2_{adjusted} = 0.42$			

between social class and ill-being when mediated by social isolation. Of the total effect of the relationship between social class and ill-being, the proportion of mediation by social isolation was 44% (95%CI [17%, 76%], $p = 0.008$). Thus, H4 was partially supported. Social isolation partly explains the relationship between social class and ill-being.

〈Table 2〉 Social Class on Ill-being Mediated by Social Isolation

	β	95% CI		p
		Lower	Upper	
ACME	-0.08	-0.15	-0.02	0.008
ADE	-0.10	-0.18	-0.03	0.004
Total Effect	-0.19	-0.29	-0.09	0
Prop. Mediated	{0.44}	0.17	0.76	0.008

Note: ACME = Average Causal Mediation Effect, ADE = Average Direct Effect, Prop. Mediated = Proportion of Mediation(ACME / Total Effect)

Quasi-Bayesian Confidence Intervals are based on 5000 times resampling simulations

5. Discussion

The relationship between social class and mental health disparities has been studied extensively. However, subjective outcomes include both well-being and ill-being, with the former being the focus of most studies on social class. This study adds to the understanding of the relationship between social class and mental health disparities by focusing on the

effects of social class on ill-being through the mechanism of social isolation. Social class and social isolation were both represented by the subjective evaluations of survey respondents and not by objective markers - subjective social status (SSS) in the case of social class. This study also connects social class, ill-being, and social isolation to the theory of alienation.

According to the results, SSS facilitated a negative relationship with both social isolation and ill-being. The lower one's SSS, the higher their social isolation and ill-being. Social isolation itself also facilitated ill-being, with higher social isolation leading to higher ill-being. SSS also had an inverse indirect effect on ill-being through social isolation.

The results indicate that those of perceived lower social class experience higher levels of social isolation and ill-being than those of perceived higher social class. This, in turn, leads to more ill-being. Conversely, those of perceived higher social class experience less social isolation which leads to less ill-being. The causes of increased social isolation among the lower class could not be identified from this research, but incorporating the theory of alienation into further studies on class and mental disparities may provide direction.

1) Social Class and Ill-being

The results of the analysis showed that those who perceived themselves as lower social class experienced higher levels of ill-being. Those symptoms of ill-being included heightened levels of anxiety, depression,

and inability to overcome problems compared with respondents who reported a higher social class. This aligns with past literature on the mental health disparities that exist between social classes. The significant relationship between SSS and ill-being shown by the results also illustrates the importance of focusing on ill-being as distinct from well-being.

Among the few studies that specifically considered ill-being, our results provide support to the previous study that showed those of higher social class experience less ill-being (Headey and Wooden, 2004). Whereas their study defined social class via objective markers of income and wealth, ours defined social class subjectively based on the survey respondents' personal evaluations. It strengthens the idea that both objective and subjective social class can be used to predict subjective outcomes.

While SES can control for indicators such as income, education, and occupation, SSS relies on how individuals view themselves in a class hierarchy. How individuals view themselves can include seemingly non-economic factors such as race, gender, hobbies, work relations, and social environment among others. Including all those factors in future research on SSS together with indicators of SES may provide a more textured understanding of social class and ill-being in general (Hoebel et al., 2017).

2) Social Class and Social Isolation

Although social isolation mediated the effect of SSS on ill-being in

this research, it could only be considered partial mediation. Lower SSS showed a strong influence on social isolation independent of ill-being. This suggests that lower-class respondents indeed felt more alone, lacked communication with others, and experienced higher alienation. In this study, those feelings of social isolation accounted for about 44% of the relationship between social class and ill-being - a substantial influence.

While the association between lower class, financial insecurity, and ill-being has been documented (Headey & Wooden, 2004), this study reveals social relationships to also be an important link between social class and ill-being.

Preventing social isolation is important for one's survival (Baumeister & Leary, 1995). Low-quality social relationships defined by a lack of social, institutional, and community connections illustrate the idea of social isolation (Williams, 2007). Further, higher levels of social isolation are associated with adverse mental health (Beller & Wagner, 2018). That is to say that ill-being is an indicator of the problem of social isolation. The results of this research suggest that those with lower SSS suffer more from social isolation. They also lend support to previous research that different classes experience social isolation differently. The differences in social isolation may be attributed to both institutional and interpersonal experiences that uniquely affect those of lower social class. These include disparities in economic resources, housing, transportation, health care, education, safety, and stigmatization among others. The substantial influence of lower SSS on levels of social isolation in this study overlaps with Marx's theory of alienation (Øversveen & Kelly,

2022). This implies that the higher social isolation of the lower class may be based on class inequality.

Uniquely, this study based its results on a Korean population while the majority of literature on social isolation utilizes Western populations (Yu et al., 2022). Applying Thal (2017) on income segregation and class isolation to a Korean context could provide more meaning or explanation to this research in the future.

Despite exhaustive multidisciplinary research that illustrates the health disparities people suffer due to social class differences, global inequality continues to rise. The welfare policies of some European states that try to mitigate the health consequences of inequality are not immune to this trend either (Mackenbach, 2012). For that reason, further research on mental health disparities could benefit by examining social class and social isolation from the theory of alienation - a theory that examines inequalities based on broad social and economic structures in society.

3) Limitations

This study has several limitations that prevent it from being generalizable. For one, the sample size is only 263. This limited the scope of the analysis. Further, including information in the questionnaire concerning income, the spatiality of social class (e.g. housing type or area), respondent perceptions of quality of neighborhood conditions (e.g. job opportunities, crime, transportation, and healthcare), and work relations (e.g. blue-collar, white-collar, work satisfaction, business owner)

would be beneficial for future research. The data itself consisted of self-reported social class, social isolation, and ill-being. Self-reported measures come with inherent bias (Valkenburg et al., 2022) but have also been shown to be predictive in the context of health outcomes (Wang et al., 2023). Another limitation is that age was measured in three generational categories instead of a one-year increment. Despite those shortcomings, the research adds to the literature on ill-being - an overlooked aspect of subjective outcomes when compared to the large volume of studies on well-being.

6. Conclusion

This study focuses on ill-being thus filling a gap in the literature concerning social class and mental health disparities. It also uses social isolation as a linking mechanism in an attempt to explain how social class negatively impacts mental health. The study found that lower social class (measured as SSS) negatively predicts higher ill-being and social isolation. Furthermore, social isolation explained about 44% of the relationship between social class and ill-being. Not only material resources but social relationships also explain why ill-being is high in those of perceived low social class. Therefore, it is necessary to provide social support (relationship formation) as well as material support to the lower social class.

This study also backs up previous research that lower social class leads

to higher ill-being, but it does so from measures of subjective social status (SSS). It also links social isolation to ill-being via the theory of alienation by showing that lower social class experiences social isolation uniquely different from the more affluent. Although the causes of the respondents' social isolation were not examined, why those of lower social class experience higher social isolation and ill-being needs further research. Alienation theory may elucidate the causes of ill-being and also explain why global inequality continues to rise despite decades of research and social policies.

References

- Adler, N. E., Boyce, T., Chesney, M. A., Cohen, S., Folkman, S., Kahn, R. L., & Syme, S. L. (1994). Socioeconomic status and health: The challenge of the gradient. *American Psychologist*, 49, 15-24.
<https://doi.org/10.1037/0003-066X.49.1.15>
- Andrews, P. W., & Thomson Jr, J. A. (2009). The bright side of being blue: Depression as an adaptation for analyzing complex problems. *Psychological Review*, 116(3), 620-654. <https://doi.org/10.1037/a0016242>
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182. <https://doi.org/10.1037/0022-3514.51.6.1173>
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529.
<https://doi.org/10.1037/0033-2909.117.3.497>
- Beller, J., & Wagner, A. (2018). Disentangling Loneliness: Differential Effects of Subjective Loneliness, Network Quality, Network Size, and Living Alone on Physical, Mental, and Cognitive Health. *Journal of Aging and Health*, 30(4), 521-539.
<https://doi.org/10.1177/0898264316685843>
- Berning, J., Bonanno, A., & Cleary, R. (2022). Disparities in food insecurity among Black and White households: An analysis by age cohort, poverty, education, and home ownership. *Applied Economic Perspectives and Policy*, n/a(n/a). <https://doi.org/10.1002/aep.13332>

- Billings, K. R. (2021). Stigma in Class: Mental Illness, Social Status, and Tokenism in Elite College Culture. *Sociological Perspectives*, 64(2), 238-257. <https://doi.org/10.1177/0731121420921878>
- Borschuk, A. P., & Everhart, R. S. (2015). Health disparities among youth with type 1 diabetes: A systematic review of the current literature. *Families, Systems & Health: The Journal of Collaborative Family Healthcare*, 33(3), 297-313. <https://doi.org/10.1037/fsh0000134>
- Braveman, P. A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health Disparities and Health Equity: The Issue Is Justice. *American Journal of Public Health*, 101(S1), S149-S155. <https://doi.org/10.2105/AJPH.2010.300062>
- Brooks-Gunn, J. (1997). *Neighborhood Poverty: Context and Consequences for Children*. Russell Sage Foundation.
- Burns, P. A. (2022). Perspective Chapter: Centering Race, Stigma and Discrimination-Structural Racism and Disparities in HIV among Black Sexual Minority Men. *Effective Elimination of Structural Racism*, 3.
- Buss, D. M. (2000). The evolution of happiness. *American Psychologist*, 55(1), 15. <https://doi.org/10.1037/0003-066X.55.1.15>
- Cacioppo, J. T., & Patrick, W. (2008). *Loneliness: Human nature and the need for social connection*. WW Norton & Company.
- Cacioppo, J. T., & Cacioppo, S. (2014). Social Relationships and Health: The Toxic Effects of Perceived Social Isolation. *Social and Personality Psychology Compass*, 8(2), 58-72. <https://doi.org/10.1111/spc3.12087>
- Carver, C. S., & White, T. L. (1994). Behavioral inhibition, behavioral activation, and affective responses to impending reward and punishment: The BIS/BAS scales. *Journal of Personality and Social Psychology*, 67(2), 319-333. <http://dx.doi.org/10.1037/0022-3514.67.2.319>

- Centers for Disease Control and Prevention (2008). Community health and program services (CHAPS): Health disparities among racial/ethnic populations. Centers for Disease Control and Prevention, Atlanta.
- Chen, Y., Hicks, A., & While, A. E. (2014). Loneliness and social support of older people in China: A systematic literature review. *Health & Social Care in the Community*, 22(2), 113-123. <https://doi.org/10.1111/hsc.12051>
- Cohen-Mansfield, J., Shmotkin, D., & Goldberg, S. (2009). Loneliness in old age: Longitudinal changes and their determinants in an Israeli sample. *International Psychogeriatrics*, 21(6), 1160-1170. <https://doi.org/10.1017/S1041610209990974>
- Cornwell, E. Y., & Waite, L. J. (2009). Social Disconnectedness, Perceived Isolation, and Health among Older Adults. *Journal of Health and Social Behavior*, 50(1), 31-48.
- Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: A scoping review. *Health & Social Care in the Community*, 25(3), 799-812. <https://doi.org/10.1111/hsc.12311>
- Cundiff, J. M., & Matthews, K. A. (2017). Is subjective social status a unique correlate of physical health? A meta-analysis. *Health Psychology*, 36(12), 1109-1125. <https://doi.org/10.1037/hea0000534>
- Dawson, B. A., Carvalho, K., & Cuevas, A. (2023). The Relationship Between Subjective Social Status, Mental Health Disparities, and the Mediating Role of Discrimination Among Latinx Populations. *Journal of Racial and Ethnic Health Disparities*, 10(1), 350-356. <https://doi.org/10.1007/s40615-021-01226-x>
- Diemer, M. A., Mistry, R. S., Wadsworth, M. E., López, I., & Reimers, F. (2013). Best Practices in Conceptualizing and Measuring Social Class in Psychological Research. *Analyses of Social Issues and Public Policy*, 13(1),

77-113. <https://doi.org/10.1111/asap.12001>

Diemer, M. A., & Rasheed Ali, S. (2009). Integrating Social Class Into Vocational Psychology: Theory and Practice Implications. *Journal of Career Assessment*, 17(3), 247-265.

<https://doi.org/10.1177/1069072708330462>

Diener, E. (2006). Guidelines for national indicators of subjective well-being and ill-being. *Journal of Happiness Studies*, 7(4), 397-404.

<https://doi.org/10.1007/s10902-006-9000-y>

Demakakos, P., Nazroo, J., Breeze, E., & Marmot, M. (2008). Socioeconomic status and health: The role of subjective social status. *Social Science & Medicine*, 67(2), 330-340. <https://doi.org/10.1016/j.socscimed.2008.03.038>

Eaton, W. W., Smith, C., Ybarra, M., Muntaner, C., & Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and Revision (CESD and CESD-R). In *The use of psychological testing for treatment planning and outcomes assessment: Instruments for adults, Volume 3, 3rd ed* (pp. 363-377). Lawrence Erlbaum Associates Publishers.

Ellin, Nan (2022). "Our Cities, Ourselves," :Vol.5:Iss.1,Article40,539-556. Available at: <https://readingroom.law.gsu.edu/jculp/vol5/iss1/40>

Engels, F. (2001). The condition of the working class in England*. In *The Sociology and Politics of Health*. Routledge.

Eysenck, M. W., & Fajkowska, M. (2018). Anxiety and depression: Toward overlapping and distinctive features. *Cognition and Emotion*, 32(7), 1391-1400. <https://doi.org/10.1080/02699931.2017.1330255>

Generaal, E., Hoogendijk, E. O., Stam, M., Henke, C. E., Rutters, F., Oosterman, M., Huisman, M., Kramer, S. E., Elders, P. J. M., Timmermans, E. J., Lakerveld, J., Koomen, E., Ten Have, M., De Graaf, R., Snijder, M. B., Stronks, K., Willemsen, G., Boomsma, D. I.,

- Smit, J. H., & Penninx, B. W. J. H. (2019). Neighborhood characteristics and prevalence and severity of depression: Pooled analysis of eight Dutch cohort studies. *British Journal of Psychiatry*, 215(2), 468-475. <https://doi.org/10.1192/bjp.2019.100>
- Golden, J., Conroy, R. M., O'Dwyer, A. M., Golden, D., & Hardouin, J.-B. (2006). Illness-related stigma, mood and adjustment to illness in persons with hepatitis C. *Social Science & Medicine* (1982), 63(12), 3188-3198. <https://doi.org/10.1016/j.socscimed.2006.08.005>
- Hawkley, L. C., Browne, M. W., & Cacioppo, J. T. (2005). How can I connect with thee? Let me count the ways. *Psychological Science*, 16(10), 798-804. <https://doi.org/10.1111/j.1467-9280.2005.01617.x>
- Headey, B., & Wooden, M. (2004). *The effects of wealth and income on subjective well-being and ill-being*.
- Herrawi, F., Logan, J., Cheng, C.-P., & Cosgrove, L. (2022). Global health, human rights, and neoliberalism: The need for structural frameworks when addressing mental health disparities. *Journal of Theoretical and Philosophical Psychology*, 42, 52-60. <https://doi.org/10.1037/teo0000192>
- Hoebel, J., Maske, U. E., Zeeb, H., & Lampert, T. (2017). Social Inequalities and Depressive Symptoms in Adults: The Role of Objective and Subjective Socioeconomic Status. *PLOS ONE*, 12(1), e0169764. <https://doi.org/10.1371/journal.pone.0169764>
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227-237. <https://doi.org/10.1177/1745691614568352>
- Holt-Lunstad, J., & Steptoe, A. (2022). Social isolation: An underappreciated determinant of physical health. *Current Opinion in Psychology*, 43, 232-

237. <https://doi.org/10.1016/j.copsyc.2021.07.012>

- Hout, M. (2008). How Class Works in Popular Conception: Most Americans Identify with the Class Their Income, Occupation, and Education Imply for Them. In A. Lareau, & D. Conley (Eds.), *Social class: How does it work?* (pp. 25-64). Russell Sage Foundation.
- Huang, X. (2021). Subjective Social Status in Urban China: Exploring the Impact of Family Resources and Social Networks. In Y. Li and Y. Bian (Eds.) *Social Inequality in China* (pp. 317-340). World Scientific (EUROPE). https://doi.org/10.1142/9781800612143_0013
- Imai, K., Keele, L., & Tingley, D. (2010). A general approach to causal mediation analysis. *Psychological Methods*, 15(4), 309-334. <https://psycnet.apa.org/doi/10.1037/a0020761>
- Imai, K., Keele, L., Tingley, D., & Yamamoto, T. (2011). Unpacking the black box of causality: Learning about causal mechanisms from experimental and observational studies. *American Political Science Review*, 105(4), 765-789. <https://doi.org/10.1017/S0003055411000414>
- Indian Health Service. (2019). *Indian health disparities*. https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/factsheets/Disparities.pdf
- Kagan, S. (2014). An Introduction to Ill-Being. In M. Timmons (Ed.), *Oxford Studies in Normative Ethics, Volume 4* (pp. 261-288). Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780198722144.003.0012>
- Kawachi, I. (2002). A glossary for health inequalities. *Journal of Epidemiology & Community Health*, 56(9), 647-652. <https://doi.org/10.1136/jech.56.9.647>
- Kessler, R. C., & Merikangas, K. R. (2004). The National Comorbidity Survey Replication (NCS-R): Background and aims. *International Journal*

of Methods in Psychiatric Research, 13(2), 60-68.

<https://doi.org/10.1002/mpr.166>

Kim, Jibum, Jeong-han Kang, Seok-ho Kim, Changhwan Kim, Wonho Park, Yun-Suk Lee, Seulki Choi, and Sori Kim. (2022). Korean General Social Survey 2003-2021. Seoul, Korea: Sungkyunkwan University.

Krivo, L. J., Washington, H. M., Peterson, R. D., Browning, C. R., Calder, C. A., & Kwan, M.-P. (2013). Social Isolation of Disadvantage and Advantage: The Reproduction of Inequality in Urban Space. *Social Forces*, 92(1), 141-164. <https://doi.org/10.1093/sf/sot043>

Lemstra, M., Neudorf, C., & Opondo, J. (2006). Health Disparity by Neighbourhood Income. *Canadian Journal of Public Health*, 97(6), 435-439. <https://doi.org/10.1007/BF03405223>

Liu, W., Ali, S., Soleck, G., Hopps, J., Dunston, K., & Jr, T. (2004). Using Social Class in Counseling Psychology Research. *Journal of Counseling Psychology*, 51, 3-18. <https://doi.org/10.1037/0022-0167.51.1.3>

Louis-Jean, J., Cenat, K., Njoku, C. V., Angelo, J., & Sanon, D. (2020). Coronavirus (COVID-19) and Racial Disparities: A Perspective Analysis. *Journal of Racial and Ethnic Health Disparities*, 7(6), 1039-1045. <https://doi.org/10.1007/s40615-020-00879-4>

Mackenbach, J. P. (2012). The persistence of health inequalities in modern welfare states: The explanation of a paradox. *Social Science & Medicine*, 75(4), 761-769. <https://doi.org/10.1016/j.socscimed.2012.02.031>

Marston, G. (2008). A war on the poor: Constructing welfare and work in the twenty-first century. *Critical Discourse Studies*, 5(4), 359-370. <https://doi.org/10.1080/17405900802405312>

Marx, K. (2016). Economic and Philosophic Manuscripts of 1844. In *Social Theory Re-Wired* (2nd ed.). Routledge.

- McKinley, C. E., Miller Scarnato, J., & Sanders, S. (2022). Why Are So Many Indigenous Peoples Dying and No One Is Paying Attention? Depressive Symptoms and “Loss of Loved Ones” as a Result and Driver of Health Disparities. *OMEGA - Journal of Death and Dying*, 85(1), 88-113. <https://doi.org/10.1177/0030222820939391>
- Meier, A., & Reinecke, L. (2021). Computer-mediated communication, social media, and mental health: A conceptual and empirical meta-review. *Communication Research*, 48(8), 1182-1209. <https://doi.org/10.1177/0093650220958224>
- Mode, N. A., Evans, M. K., & Zonderman, A. B. (2016). Race, Neighborhood Economic Status, Income Inequality, and Mortality. *PLOS ONE*, 11(5), e0154535. <https://doi.org/10.1371/journal.pone.0154535>
- Moorman, J. E., Akinbami, L. J., Bailey, C. M., Zahran, H. S., King, M. E., Johnson, C. A., & Liu, X. (2012). National surveillance of asthma: United States, 2001-2010. *Vital & Health Statistics. Series 3, Analytical and Epidemiological Studies*, 35, 1-58.
- National Academies of Sciences, Engineering, and Medicine (2020). National Academies of Sciences, Engineering, and Medicine. Understanding the well-being of LGBTQI + populations. *National Academies Press*, Washington, D. C. (2020)
- Nesse, R. M. (2015). Evolutionary psychology and mental health. In D. M. Buss (Ed.), *The handbook of evolutionary psychology* (pp. 903-927). Wiley. <https://doi.org/10.1002/9780470939376.ch32>
- Ostrove, J. M., Adler, N. E., Kuppermann, M., & Washington, A. E. (2000). Objective and subjective assessments of socioeconomic status and their relationship to self-rated health in an ethnically diverse sample of pregnant women. *Health Psychology: Official Journal of the Division of*

Health Psychology, American Psychological Association, 19(6), 613-618.

<https://doi.org/10.1037//0278-6133.19.6.613>

Øversveen, E. (2022). Capitalism and alienation: Towards a Marxist theory of alienation for the 21st century. *European Journal of Social Theory*, 25(3), 440-457. <https://doi.org/10.1177/13684310211021579>

Øversveen, E., & Kelly, C. A. (2022). Alienation: A useful concept for health inequality research. *Scandinavian Journal of Public Health*, 140349482210853. <https://doi.org/10.1177/14034948221085394>

Parenteau, A. M., Boyer, C. J., Campos, L. J., Carranza, A. F., Deer, L. K., Hartman, D. T., ... & Hostinar, C. E. (in press). A review of mental health disparities during COVID-19: Evidence, mechanisms, and policy recommendations for promoting societal resilience. *Development and Psychopathology*, 1-22. <https://doi.org/10.1017/S0954579422000499>.

Park, J., Kim, Y., & Cho, J. (2012). Factor Structure of the 12-Item General Health Questionnaire in the Korean General Adult Population. *Journal of Korean Neuropsychiatric Association*, 51(4), 178-184.

Peterie, M., Ramia, G., Marston, G., & Patulny, R. (2019). Social Isolation as Stigma-Management: Explaining Long-Term Unemployed People's 'Failure' to Network. *Sociology*, 53(6), 1043-1060. <https://doi.org/10.1177/0038038519856813>

Reardon, S. F., & Bischoff, K. (2011). Income Inequality and Income Segregation. *American Journal of Sociology*, 116(4), 1092-1153. <https://doi.org/10.1086/657114>

Remes, O., Wainwright, N., Surtees, P., Lafortune, L., Khaw, K.-T., & Brayne, C. (2017). Sex differences in the association between area deprivation and generalised anxiety disorder: British population study. *BMJ Open*, 7, e013590. <https://doi.org/10.1136/bmjopen-2016-013590>

- Rockville, M. D. (1999). Mental health: A report of the Surgeon General. *US Department of Health and Human Services*.
- Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66, 20-40. https://doi.org/10.1207/s15327752jpa6601_2
- Ryff, C. D., Dienberg Love, G., Urry, H. L., Muller, D., Rosenkranz, M. A., Friedman, E. M., Davidson, R. J., & Singer, B. (2006). Psychological Well-Being and Ill-Being: Do They Have Distinct or Mirrored Biological Correlates? *Psychotherapy and Psychosomatics*, 75(2), 85-95. <https://doi.org/10.1159/000090892>
- Sandu, V., Zólyomi, E., & Leichsenring, K. (2021). *Addressing loneliness and social isolation among older people in Europe*. 16.
- Sawyer, J. E., & Gampa, A. (2020). Work Alienation and its Gravediggers: Social Class, Class Consciousness, and Activism. *Journal of Social and Political Psychology*, 8(1), Article 1. <https://doi.org/10.5964/jspp.v8i1.1132>
- Schneider, W., & Schenck-Fontaine, A. (2022). Growing up unequal: Objective and subjective economic disparities and authoritarian parenting. *Child Abuse & Neglect*, 130, 105332. <https://doi.org/10.1016/j.chiabu.2021.105332>
- Shantz, A., Alfes, K., & Truss, C. (2014). Alienation from work: Marxist ideologies and twenty-first-century practice. *The International Journal of Human Resource Management*, 25(18), 2529-2550. <https://doi.org/10.1080/09585192.2012.667431>
- Singh-Manoux, A., Adler, N. E., & Marmot, M. G. (2003). Subjective social status: Its determinants and its association with measures of ill-health in the Whitehall II study. *Social Science & Medicine*, 56(6), 1321-1333. [https://doi.org/10.1016/S0277-9536\(02\)00131-4](https://doi.org/10.1016/S0277-9536(02)00131-4)

- Singh-Manoux, A., Marmot, M. G., & Adler, N. E. (2005). Does subjective social status predict health and change in health status better than objective status? *Psychosomatic Medicine*, 67(6), 855-861.
<https://doi.org/10.1097/01.psy.0000188434.52941.a0>
- Soffia, M., Wood, A. J., & Burchell, B. (2022). Alienation Is Not ‘Bullshit’: An Empirical Critique of Graeber’s Theory of BS Jobs. *Work, Employment and Society*, 36(5), 816-840.
<https://doi.org/10.1177/09500170211015067>
- Stewart, M. J., Makwarimba, E., Reutter, L. I., Veenstra, G., Raphael, D., & Love, R. (2009). Poverty, Sense of Belonging and Experiences of Social Isolation. *Journal of Poverty*, 13(2), 173-195.
<https://doi.org/10.1080/10875540902841762>
- Tang, K. L., Rashid, R., Godley, J., & Ghali, W. A. (2016). Association between subjective social status and cardiovascular disease and cardiovascular risk factors: A systematic review and meta-analysis. *BMJ Open*, 6(3), e010137. <https://doi.org/10.1136/bmjopen-2015-010137>
- Thal, A. (2017). Class Isolation and Affluent Americans’ Perception of Social Conditions. *Political Behavior*, 39(2), 401-424.
<https://doi.org/10.1007/s11109-016-9361-9>
- Valkenburg, P. M., Meier, A., & Beyens, I. (2022). Social media use and its impact on adolescent mental health: An umbrella review of the evidence. *Current Opinion in Psychology*, 44, 58-68.
<https://doi.org/10.1016/j.copsyc.2021.08.017>
- Wahl, S., Trautnschnig, M., Hoffmann, L., & Schwab, S. (2022). Peer acceptance and peer status in relation to students’ special educational needs, migration biography, gender, and socio economic status. *Journal of Research in Special Educational Needs*, 22(3), 243-253.

<https://doi.org/10.1111/1471-3802.12562>

Walker, R. (2014). Poverty, Shame, and Stigma. In R. Walker (Ed.), *The Shame of Poverty* (p. 0). Oxford University Press.

<https://doi.org/10.1093/acprof:oso/9780199684823.003.0004>

Walker, E. R., McGee, R. E., & Druss, B. G. (2015). Mortality in mental disorders and global disease burden implications: A systematic review and meta-analysis. *JAMA Psychiatry*, 72(4), 334-341.

<https://doi.org/10.1001/jamapsychiatry.2014.2502>

Wang, M., Huang, C.-Y., Cullaro, G., Covinsky, K., & Lai, J. C. (2023). Women with cirrhosis have lower self-rated health than men. *Hepatology Communications*, 7(3), e0065.

<https://doi.org/10.1097/HC9.0000000000000065>

Watson, P. J., & Andrews, P. W. (2002). Toward a revised evolutionary adaptationist analysis of depression: The social navigation hypothesis. *Journal of Affective Disorders*, 72(1), 1-14.

[https://doi.org/10.1016/S0165-0327\(01\)00459-1](https://doi.org/10.1016/S0165-0327(01)00459-1)

Weber, M. (2011). Class, Status, Party. In *The Inequality Reader* (2nd ed.). Routledge.

World Health Organization. (2022). *WHO guidelines on mental health at work*. Geneva: WHO.

Wickrama, K. A. S., Noh, S., & Elder, G. H. (2009). An investigation of family SES-based inequalities in depressive symptoms from early adolescence to emerging adulthood. *Advances in Life Course Research*, 14(4), 147-161. <https://doi.org/10.1016/j.alcr.2010.04.001>

Williams, K. D. (2007). Ostracism. *Annual Review of Psychology*, 58(1), 425-452. <https://doi.org/10.1146/annurev.psych.58.110405.085641>

Yang, G., & D'Arcy, C. (2022). Physical activity and social support mediate

the relationship between chronic diseases and positive mental health in a national sample of community-dwelling Canadians 65+: A structural equation analysis. *Journal of Affective Disorders*, 298, 142-150.

<https://doi.org/10.1016/j.jad.2021.10.055>

Yates, M. D. (2008, January 1). Monthly Review | The Injuries of Class. *Monthly Review*. <https://monthlyreview.org/2008/01/01/the-injuries-of-class/>

Yu, B., Steptoe, A., & Chen, Y. (2022). Social isolation, loneliness, and all-cause mortality: A cohort study of 35,254 Chinese older adults. *Journal of the American Geriatrics Society*, 70(6), 1717-1725.

<https://doi.org/10.1111/jgs.17708>

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사회 계층과 정신 건강의 연결고리: 사회적 고립이 매개하는 정신 건강 격차의 작용과정

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이 연구는 주관적 사회적 지위와 정신 건강의 부정적인 측면인 불안정감 사이의 관계를 매개하는 사회적 고립의 역할에 대해 살펴보았다. 기존 연구에 따르면 낮은 사회 계층(객관적이든 주관적이든)은 안정감 감소뿐만 아니라 불안정감 증가와도 관련이 있다. 사회적 고립 비율도 낮은 사회 계층에서 더 높게 나타난다. 이 연구는 사회적 고립이 사회적 지위가 낮은 개인들의 정신 건강 문제가 높은 것을 설명하는 메커니즘으로 작용할 것이라고 가설을 세웠다. 263명의 참가자를 대상으로 설문조사를 실시하여 검증된 척도를 사용하여 주관적 사회적 지위, 사회적 고립감, 불안정감을 측정했다. 매개 분석 결과, 사회적 고립이 주관적 사회적 지위와 불안정감 사이의 관계를 44% 설명하는 것으로 나타났다. 이 연구는 사회적 지위가 낮은 사람들에게 물질적 자원뿐만 아니라 사회적 자원을 제공하는 것이 정신 건강을 개선할 수 있음을 시사한다. 또한 소외 이론과 사회 계층 및 정신 건강에 관한 문헌에 대한 연구 결과의 함의를 논의했다.

주제어 : 정신건강; 불안정감; 사회계층; 사회적고립; 소외